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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/543,129			ing Date 26/2006	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY			OTHER THAN		
FOR			NUMBER FI	LED NU	NUMBER EXTRA		RATE (\$)	FEE (\$)	П	RATE (\$)	FEE (\$)	
BASIC FEE (37 CFR 1.16(a), (b), or (c))			N/A		N/A		N/A]	N/A		
SEARCH FEE (37 CFR 1 16(k), (i), or (m))			N/A		N/A		N/A]	N/A		
EXAMINATION FEE (37 CFR 1 16(o), (p), or (q))			N/A		N/A		N/A			N/A		
TOTAL CLAIMS (37 CFR 1 16(i))			minus 20 =			l	x \$ =		OR	x s =		
INDEPENDENT CLAIMS (37 CFR 1.16(h))			minus 3 = *			1	X \$ = 3		1	X \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE she	ets of pap 250 (\$125 ditional 50	gs exceed 100 on size fee due for each n thereof. See CFR 1.16(s).								
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))									1			
* If the difference in column 1 is less than zero, enter "0" in column 2.						•	TOTAL]	TOTAL		
APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								L ENTITY	OR		ER THAN ALL ENTITY	
AMENDMENT	08/11/2011	CLAIMS REMAINING AFTER AMENDMEN		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16())	· 29	Minus	42	= 0		x s =		OR	X \$52=	0	
	Independent (37 CFR 1.16(h))	• 4	Minus	***6	= 0	1	x s =		OR	X \$220=	0	
	Application Size Fee (37 CFR 1.16(s))											
Ĺ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0	
(Column 1) (Column 2) (Column 3)												
AMENDMENT		CLAIMS REMAINING AFTER AMENDMEN		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1,15(i))		Minus			1	× \$ =		OR	x s =		
M	Independent (37 CFR 1 16(h))	•	Minus	***]	x s =		OR	x s =		
N L	Application Size Fee (37 CFR 1.16(s))]]			
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
*If the entry in column 1 is less than the entry in column 2, write "0' in column 3. Legal Instrument Examiner: "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number town of in the appropriate box in column 1. The Entry Independent Previously Paid For "(Total or Independent) is the highest number town of in the appropriate box in column 1. The State For Independent Previously Paid For "(Total in Enderman Independent of both are partial as benefit by the paid in which is to file (and by the INSET) on												

This collection of information is required by 37 CFR 11.6. The information is required to obtain or retain a benefit by the public which is to file (and by the USE) process) an application. Confidentially 39 Genet by 38 Genet 19.5 is CS. 122 and 37 GFR 11.4. This collection is estimated to take 12 inmulates to complete, including gathering, preparing, and submitting the completed application form to the USE. 122 and 37 GFR 11.4. This collection is estimated to take 12 inmulates to complete, including gathering, preparing, and submitting the completed application form to the USE. 122 and 122 GFR 11.4. This collection is estimated to the information of USEs. U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrius, VA 2231-34. D.D. NOT ISSN 125 MOT Commissional Collection for Patients, P.O. Box 1450, Alexandrius, VA 2231-34. D.D. NOT ISSN 125 MOT COMMISSION CONTROL CONTR